

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 1

2. STATE:

Kansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)
Medicaid

4. PROPOSED EFFECTIVE DATE

April 1, 2001

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.201

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 300,000
b. FFY 2002 \$ 600,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19D, Part I, Subpart I, 2 pages

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19D, Part I, Subpart I,
Reserved TN-MS-99-01

10. SUBJECT OF AMENDMENT:

Nursing Facility Methods & Standards for Establishing Payment Rates

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Janet Schalansky is the Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Janet Schalansky

13. TYPED NAME:

Janet Schalansky

14. TITLE:

Secretary

15. DATE SUBMITTED:

06/13/01

16. RETURN TO:

Janet Schalansky, Secretary
KS. Dept. of Social & Rehabilitation Services
DSOB 6th Floor
915 SW Harrison
Topeka, KS 66612

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

06/14/01

18. DATE APPROVED:

AUG 14 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR 01 2001

21. TYPED NAME:

Nanette Foster Reilly

20. SIGNATURE OF REGIONAL OFFICIAL:

James Schallert

22. TITLE:

Acting ARA for DMSO

23. REMARKS:

Schalansky
Date Submitted: 06/13/01
Date Received: 06/14/01
SPA Control
Date Submitted: 06/13/01
Date Received: 06/14/01

KANSAS MEDICAID STATE PLAN

Attachment 4.19 D
Part I
Subpart I
Page 1 of 2

Method and Standards for Establishing Payment Rates: Nursing Facilities

Nursing Facility Rate Determination for Ventilator Dependent Resident

The following are the policies and procedures for determining a rate for a ventilator-dependent resident in a nursing facility.

- (1) The request for additional reimbursement for a ventilator-dependent resident shall be submitted to the Kansas Department of Social and Rehabilitation Services (SRS) or the Kansas Department on Aging (KDOA) in writing for prior approval. Each request must include a current care plan for the resident, the most current Minimum Data Set (MDS) resident assessment and an itemized budget for implementing the care plan. The itemized expenses shall not include the cost of durable medical equipment (DME) reimbursed in accordance with the DME program in the Kansas Medical Assistance Programs Manual.
- (2) All of the following criteria shall be present in order for a resident to be considered ventilator dependent:
 - (A) The resident shall not be able to breathe without mechanical ventilation.
 - (B) The resident shall use the ventilator for life support, 24 hours a day, seven days a week.
 - (C) The resident shall have a tracheostomy or endotracheal tube.
- (3) The provider shall be reimbursed the Kansas Medical Assistance Program daily rate determined for the nursing facility plus an additional per diem amount approved by SRS and KDOA for the ventilator-dependent resident. The additional reimbursement shall be prior authorized by SRS and KDOA. The provider shall submit a budget with the detail of the expenditures requested to care for the ventilator-dependent resident. The reimbursement shall be negotiated based on the prevailing cost of the individualized care plan and subject to an upper payment limit.

The upper payment limit shall be the rate from the Medicare Prospective Payment System (PPS) for skilled nursing facilities as based on the MDS assessment and using the Resource Utilization Groups Version III (RUGs III) classification system. All 44 classifications in the RUGs III system will be used to determine the corresponding Medicare PPS per diem rate.

KANSAS MEDICAID STATE PLAN

Attachment 4.19 D

Part I

Subpart I

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Method and Standards for Establishing Payment Rates: Nursing Facilities

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- (4) No additional amount above the current daily rate shall be allowed until the service is prior authorized by SRS and KDOA.
- (5) The criteria shall be reviewed quarterly to determine if the resident continues to be ventilator-dependent. If a resident is no longer ventilator-dependent, the provider shall not receive additional reimbursement beyond the Kansas Medical Assistance Program per diem rate determined for the facility.
- (6) The additional reimbursement for the ventilator-dependent resident shall be offset to the cost center of benefit on the nursing facility financial and statistical report.